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April 21, 2004

UTILITY PATENT APPLICATION TRANSMITTAL

(new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket Number: PHA 42620.1 (01380/1/US)

First Named Inventor: Diane T. Stephenson

COMPOSITIONS OF A CYCLOOXYGENASE-2 SELECTIVE INHIBITOR Title: AND A CALCIUM MODULATING AGENT FOR THE TREATMENT OF

CENTRAL NERVOUS SYSTEM DAMAGE

Express Mail Label Number: EV416452755US

Mail Stop Patent Application TO: Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

APPLICATION ELEMENTS

1.	[X]	Fee Transmittal Form (original and duplicate)
2.	[]	Applicant claims small entity status
3.	[X]	Specification [Total Pages 202]
4.	[]	Drawings [Total Sheets]
5.	Oath	or Declaration [Total Pages]
	a.	[] Newly executed (original or copy) [] New (unexecuted)
	b.	 [] Copy from a prior application (for continuation/divisional with Box 19 completed) i. [] DELETION OF INVENTOR(s) Signed statement attached deleting inventor(s) named in prior application.

6.	copy cons accor	Incorporation By Reference (useable if Box 5b is marked) entire disclosure of the prior application, from which a of the oath or declaration is supplied under Box 5b, is idered as being part of the disclosure of the mpanying application and is hereby incorporated by rence therein.
7.	[X]	Application Data Sheet
8.	[]	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
9.	[X]	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
		 a. [X] Computer Readable Form b. [X] Specification Sequence Listing on: i. [] CD-ROM or CD-R (2 copies); or ii. [X] paper c. [X] Statements verifying identity of above copies
		ACCOMPANYING APPLICATION PARTS
1.0	r 1	,
10.	[]	Assignment Papers (cover sheet & document(s))
11.	[]	37 CFR 3.73(b) Statement [] Power of Attorney
12.	[]	English Translation Document (if applicable)
13.	[]	IDS with PTO/SB/08A [] Copies of IDS Citations
14.	[]	Preliminary Amendment
15.	[X]	Return Receipt Postcard
16.	[]	Request and Certification for Non-Publication. Form PTO/SB/35 is attached.
17.	[]	Certified Copy of Priority Document(s) if foreign priority is claimed
18.	[]	Other:
		IF A CONTINUING APPLICATION, CHECK APPROPRIATE BOXES AND SUPPLY THE REQUISITE INFORMATION
19.	[]	Continuation [] Divisional [] Continuation-in-Part of prior application No.:
	[X]	Complete Application based on provisional Application No. 60/464,499, filed on April 22, 2003.

Prior application information: Examiner:

Group Art Unit:

CORRESPONDENCE ADDRESS

20. Correspondence Address: Customer Number 321 Attention: Edward J. Hejlek

Respectfully submitted

Edward J. Hejlek, Reg. No. 31,525

EJH/dep

FEE TRANSMITTAL

Application Number To be assigned Filing Date April 21, 2004 Confirmation No. To be assigned Inventor(s) Diane T. Stephenson Attorney Docket Number PHA 42620.1 (01380/1/US)

		METHOD OF PAYMENT
1.	[]	The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345.
	[]	The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17 to Deposit Account No. 19-1345.
	[]	Applicant claims small entity status.
2.	[X]	Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.
		FEE CALCULATION
1.	[X]	BASIC FILING FEE Subtotal (1) \$ 770.00 (Type: Utility)
2.	[X]	EXTRA CLAIM FEES Subtotal (2) \$ 460.00
		Total Claims <u>36</u> Independent Claims <u>5</u> Multiple Dependent Claims
3.	[]	ADDITIONAL FEES Subtotal (3) \$
		<pre>[] Surcharge - late filing fee or oath [] Surcharge - late provisional filing fee or cover sheet [] Extension for reply within month [] Notice of Appeal [] Filing a Brief in Support of an appeal [] Request for ex parte Reexamination [] Petitions to the Commissioner [] Submission of Information Disclosure Statement [] Recording each patent assignment per property [] Request for Continued Examination [] Other:</pre>
	d J.	Hejlek, Reg. No 31,525 Date

Express Mail Label No. EV416452755US

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	Zd J.	NT_OF PAYMENT \$ 1230.00 Hejlek, Reg. No. 31,525 Date

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